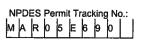


United States Environmental Protection Agency
Washington, DC 20460

Annual Reporting Form		
A. GENERAL INFORMATION		
1. Facility Name:		
2. NPDES Permit Tracking No.: MAR 0 5 E 6 9 0		
3. Facility Physical Address:		
a. Street: 4 9 PEARL STREET		
b. City: A T T L E B O R O		
4. Lead Inspectors Name: DAVID REGAN TILL Title: ENVIRONMENTAL COMPL. I.		
Additional Inspectors Name(s): RONDUBUC             GRP. FACILITY MANAGER		
5. Contact Person: RON DUBUCIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Phone: 5 0 8 - 2 2 2 - 7 4 0 0 Ext. 1 2 0 5 E-mail: R D U B U C @ L E A C H G A R N E R . C O M		
6. Inspection Date: 0 9 / 2 6 / 2 0 1 3		
B. GENERAL INSPECTION FINDINGS		
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?  YES  NO		
If NO, describe why not:		
NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.		
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP?   YES NO		
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:		
•		

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? 🔲 YES 📕 NO			
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:			
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots?			
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:			
The benchmark monitoring results were used to identified the facility hot spots such as the shipping and receiving yards. The receiving yard is where most industrial activity of loading and unloading of equipment and materials takes place as well as storage dumpsters (scrap metal, solids waste dumpster, and wastewater sludge dumpster). The benchmark monitoring samples from the receiving yard area exceeded the benchmarks. Corrective action were completed which included a thorough cleaning yards and repair of pot holes in the asphalt.			
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:			
The shipping and receiving yard visual assessments tend to show no obvious issues except high suspended solids.			
Conditions around the outfalls are free of debris.			
Scouring doesn't seem to be an issue because the yard and parking lot areas are paved and flat.			
Employee parking recently swept and free of debris.			
6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?  YES NO			
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?			
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.			



C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS						
Complete one block for each industrial activity area where pollutants may	Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.					
In reviewing each area, you should consider:  Industrial materials, residue, or trash that may have or could come into contact with stormwater;  Leaks or spills from industrial equipment, drums, tanks, and other containers;  Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and  Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.						
INDUSTRIAL ACTIVITY AREA <u>Receiving Yard</u> :						
1. Brief Description:						
Receiving Yard is located in the southern quarter of the east side of the building and materials takes place as well as the placement of dumpsters.	. The recei	ving yard is where most industrial activity of loading and unloading of equipment				
Are any control measures in need of maintenance or repair?	YES	□NO				
3. Have any control measures failed and require replacement?	☐ YES	NO				
4. Are any additional/revised control measures necessary in this area?	☐ YES	NO				
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	ssary corrective actions should be described on the attached				
A tear was found in the maintenance department saw dust collect bag. The bag section of this document.	was repair	ed and a new replacement bag was ordered. Described in corrective action				
INDUSTRIAL ACTIVITY AREA Parking Lot A:						
1. Brief Description:						
Parking Lot A is located on the west side of the building and is used for employe southwest comer of the lot. The dock is infrequently used but does receive cher	e vehicle p ncials appr	arking. There is also a covered receiving dock located In the area toward the eximately one time per week. Spill kits are maintained in this area.				
2. Are any control measures in need of maintenance or repair?	☐ YES	■ NO				
3. Have any control measures failed and require replacement?	☐ YES	■ NO				
4. Are any additional/revised c necessary in this area?	☐ YES	<b>■</b> NO				
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any nece	ssary corrective actions should be described on the attached				
INDUSTRIAL ACTIVITY AREA Facility Roof:						
Brief Description:						
There are numerous vents to exhaust various air emissions some of which are as	ssociated v	vith permitted processes.				
Are any control measures in need of maintenance or repair?	☐ YES	■ NO				
3. Have any control measures failed and require replacement?	☐ YES	■ NO				
4. Are any additional/revised BMPs necessary in this area?	☐ YES	■ NO				
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces	ssary corrective actions should be described on the attached				

		NOTE: Copy this page and attach additional pages as necessary				
INDUSTRIAL ACTIVITY AREA Shipping Yard (Melt and Casting Ro	oms Dust (	Collectors and Cryogenic Gas Storage) :				
1. Brief Description:						
This yard is located in the upper half of the east side of the building where the Melt and Casting Rooms Dust Collectors and cryogenic gas storage (nitrogen, argon, and hydrogen tanks) can be found. The dust collector filters are changed biannually as a minimum and or more often as necessary by maintenance employees. The dust collection drums are changed quarterly. Since the dust is precious metal bearing great care is exercised to ensure there is no loss of dust to the environment. There is a small shipping dock is this area that is to ship metal alloy product shipment. The dock is covered and presents no stormwater exposure. Little maintenance work is conducted in the yard and one or two company vehicles may be parked there.						
Are any control measures in need of maintenance or repair?	☐ YES	■NO				
Have any control measures failed and require replacement?	☐ YES	■ NO				
4. Are any additional/revised BMPs necessary in this area?	YES	■ NO				
If YES to any of these three questions, provide a description of th Corrective Action Form)	e problem:	(Any necessary corrective actions should be described on the attached				
INDUSTRIAL ACTIVITY AREA:						
1. Brief Description:						
Are any control measures in need of maintenance or repair?	☐ YES	□ NO				
Have any control measures failed and require replacement?	☐ YES	□ №				
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□NO				
If YES to any of these three questions, provide a description of the Corrective Action Form)	e problem:	(Any necessary corrective actions should be described on the attached				
INDUSTRIAL ACTIVITY AREA :						
1. Brief Description:						
2. Are any control measures in need of maintenance or repair?	☐ YES	□ NO				
3. Have any control measures failed and require replacement?	☐ YES	□NO				
4. Are any additional/revised BMPs necessary in this area?	☐ YES	□ NO				
If YES to any of these three questions, provide a description of the Corrective Action Form)	e problem:	(Any necessary corrective actions should be described on the attached				

D. CORRECTIVE ACTIONS
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 0 1 of 0 2 for this reporting period.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
☐ Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
Samples were taken at all four outfalls. The parameter, copper, at outfalls SL-1, SL-2, and SL-3 exceeded the benchmark by more than 4 times triggering this
review. The parameter, Zinc exceeded the benchmark by more than 4 times at outfall SL-2 triggering this review and corrective action.
5. Date problem identified: 0 8 / 2 6 / 2 0 1 3
6. How problem was identified:
Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Response: 1) Pot holes in the yard were patched (completed September 10, 2013). 2) Scheduled yard sweeping by vendor (completed on September 21, 2013). 3) Scheduled inspection of melt operations dust collectors (Completed September 23, 2013).
8. Did/will this corrective action require modification of your SWPPP?
9. Date corrective action initiated: 0 9 / 0 6 / 2 0 1 3
10. Date correction action completed: 0 9 / 2 3 / 2 0 1 3 or expected to be completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

D. CORRECTIVE ACTIONS
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.
1. Corrective Action # 0 2 of 0 2 for this reporting period.
2. Is this corrective action:
☐ An update on a corrective action from a previous annual report; or
A new corrective action?
3. Identify the condition(s) triggering the need for this review:
☐ Unauthorized release or discharge
☐ Numeric effluent limitation exceedance
☐ Control measures inadequate to meet applicable water quality standards
☐ Control measures inadequate to meet non-numeric effluent limitations
Control measures not properly operated or maintained
☐ Change in facility operations necessitated change in control measures
☐ Average benchmark value exceedance
Other (describe):
4. Briefly describe the nature of the problem identified:
During the Annual Comprehensive Site Evaluation completed on September 26, 2013, a control measure was found not operating correctly. The maintenance
shop dust collector bag (table saw) attached to the dust collector in the Receiving Yard needs replacement.
5. Date problem identified: 0 9 / 2 6 / 2 0 1 3
6. How problem was identified:
Comprehensive site inspection
☐ Quarterly visual assessment
☐ Routine facility inspection
☐ Benchmark monitoring
☐ Notification by EPA or State or local authorities
Other (describe):
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:
Response: A tear in the dust collector bag was sewn closed.
A new dust collector bag was ordered and be installed when received. Dust collector is working properly at this time.
8. Did/will this corrective action require modification of your SWPPP?  YES NO
9. Date corrective action initiated:
10. Date correction action completed: 1 0 / 1 8 / 2 0 1 3 or expected to be completed:
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?
If NO, summarize why you are not in compliance with the permit:
2. Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Authorized Representative FRED POLUHOVICH Title: SR VP MANUFACTURING  Signature: Date Signed:

Leach Garner PO Box 358 49 Pearl Street Attleboro, MA 02703 November 7, 2013

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: MSGP Reports 1200 Pennsylvania Avenue, NW Washington, D.C. 20460

Dear Sir:

I have enclosed the 2013 Annual Stormwater Report as required by the NPDES Multi-Sector General Permit (MSGP) Section 7.2, Annual Reporting, for report for the LeachGarner sites located at 49 Pearl Street and 200 East Street, both locations in Attleboro, MA, Permit No.'s MAR05E690 and MAR05E778 respectively.

I trust that you will find these reports complete. Should you have any questions regarding this report, please feel free to contact me at (508) 222-7400, extension 1205.

Sincerely

Environmental Compliance